



*Kansas Department of Health & Environment*  
*Bureau of Waste Management*  
**Request for Amendment to**  
**Approved Grant/Budget**

State of Kansas

Waste Tire Derived Products Grant SFY-\_\_\_\_\_

Grantee Name & Address:

- ☐ Revision of approved grant funds budget
- ☐ Revision of approved matching funds budget
- ☐ Revision of project

Project Director:

Request #: (1<sup>st</sup>, 2<sup>nd</sup>,  
3<sup>rd</sup>...)

<i><b>Budget Area</b></i>	<i><b>Approved Budget</b></i>	<i><b>Change Requested</b></i>	<i><b>Amended Budget</b></i>
1. Labor Salaries base preparation (match only)			
2. Labor Salaries (grant & match)			
3. Volunteer Labor (In kind match only)			
4. Equipment (install cost)			
5. Shipping			
6. Management/Design (match only)			
7. Pour in Place rubber material			
8. Loose fill crumb rubber			
9. Unitary Mat			
10. Molded or extruded rubber edging			
11. Tables			
12. Benches			
13. Supplies (specify)			
14. Supplies (specify)			
15. Supplies (specify)			
16. Misc (specify)			
<i><b>Totals</b></i>			

Reason for requested change(s): *Attach additional pages if needed.*

Signature of Project Director

Telephone Number:  
( )

Date:

KDHE Approval: *(for office use)*

Date:

Date copy sent to Sub-recipient: